Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11/14/2013	Address:	BUCKEYE ST. @ S. 8 TH ST.
Incident #:	13ISPC011342		NORTH VERNON, IN.
County:	JENNINGS		
Type of Labe	oratory Seizure (check one)	Scizure Location (check all that apply)
 ✓ Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only) 		Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
(check all that	: Location (bedroom, kitchen, open sir, o apply) r Birch Reaction(s): <u>AL</u> ONG ROAD		
Red Phosphorous/Iodine Reaction(s):			
☐ Hydrochloric Acid Gas Generator(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (iter	m and location):		
Vehicle Infor	mation:		
Owner: VIN: Year:		Make: Model:	
Yes No	age 18 discovered (check appropriate) _ (number present) tot present but evidence they reside	unclean Estimated len occurring:	ions of home: clean disarray gth of time manufacturing had been formation:
This report h	as been faxed* or emailed to the fol	lowing agencies tha	t serve the location;
Health Depart	ent City, Township or County <u>NORTH</u> ment County: <u>JENNINGS CO.</u> I Child Services Hotline: <u>deshotlinere</u>	Fax: 812-35	
	rmation regarding this methamphetan fficer: TROOPER MARTIN A. MEA		

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing,